

**Department of Consumer & Regulatory Affairs**  
**Housing Regulation Administration**  
**Rental Accommodations and Conversion Division**  
1800 Martin Luther King Jr. Avenue S.E., 2<sup>nd</sup> Floor  
Washington, DC 20020  
(202) 442-4610

RACD Date Stamp

Application for Elderly or Disabled Status

Section 208(h)(2) of the Rental Housing Act of 1985 as amended (the "Act") provides for smaller increases in rent charged based on the Consumer Price Index (CPI) if the tenant is elderly or disabled.

Housing Accommodation

This application relates to the following housing accommodation [insert name, if any, and address].

Elderly Status

A tenant is defined in the Act as elderly if the tenant is at least 62 years of age and demonstrates the claim to the satisfaction of the Rent Administrator.

- ☐ I certify that I am at least 62 years of age [check box if statement is true].

The following evidence of age is attached [check all that are submitted and attach copies].

- ☐ Birth certificate.  
☐ Driver's License.  
☐ Other evidence [specify]: \_\_\_\_\_

Disabled Status

A tenant is defined in the Act as disabled if the tenant has a medically determinable physical impairment, including blindness, which prohibits and incapacitates 75% or the person's ability to move about, to assist himself or herself, or to engage in an occupation.

- ☐ I certify that I am at least 75% disabled as defined in the Act [check box if statement is true].

The following evidence of disability is attached [check all that are submitted and attach copies].

- ☐ Order determining status arising from a capital improvement petition.  
☐ Award letter from Social Security Administration.  
☐ Other evidence [specify]: \_\_\_\_\_

**Note: Tenant must give notice of this application to the housing provider.**

**Note: Housing provider must file a response within 10 days to be considered.**

### Notice to Housing Provider

I certify that the housing provider was given a copy of this application, including copies of any attachments, in the manner and on the date specified as follows: [check all that apply]

- ☐ 1st-class mail addressed to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Personal delivery to \_\_\_\_\_ [name of person]  
at this address \_\_\_\_\_
- ☐ Other [specify]: \_\_\_\_\_

Date: \_\_\_\_\_  
[provide date(s) of the action(s) above; if more than one indicate which date applies to which action]

### Certification

I certify that I am a tenant in the housing accommodation set forth above, that I am elderly and/or disabled as indicated above, that the copies of documents attached are true copies of genuine documents, and that a copy of this application was given to the housing provider.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Rental unit: \_\_\_\_\_

[The following area is for official use only; applicant should leave the following area blank]

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### Determination

After review of the foregoing application, the attached evidence and the opposition, if any, of the housing provider, the Rent Administrator determined that --

- The foregoing tenant [check one] ☐ did/ ☐ did not give notice to the housing provider.  
This application was [check one] ☐ opposed/ ☐ unopposed by the housing provider.  
☐ The foregoing tenant is [check as apply] ☐ elderly/ ☐ disabled as defined in the Act.  
☐ No determination because of inadequate [check as apply] ☐ service/ ☐ evidence.  
☐ A hearing will be necessary to resolve the issues raised by the parties.

\_\_\_\_\_  
Date of Determination

\_\_\_\_\_  
Rent Administrator or Delegated Representative

### Certificate of Service

I hereby certify that the foregoing Determination and Order was mailed by priority mail on the date set forth below to the tenant and the housing provider at the addresses set forth above and to other parties or counsel at the addresses set forth below:

Date of mailing: \_\_\_\_\_

\_\_\_\_\_  
Certifying Party